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Patent
269/103

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Robert M. Abrams, et al.

Serial No.: 09/548,644

Filed: April 13, 2000

For: DETACHABLE ANEURYSM NECK
CLOSURE PATCH

Group Art Unit: 3739

Examiner: Lee Cohen

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AMENDMENT AND POWER OF ATTORNEY (REVOCATION OF PRIOR POWERS)
AND CERTIFICATE UNDER 37 CFR § 3.73(b) TRANSMITTAL

Box Fee Amendment

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment and Power of Attorney (Revocation of Prior Powers) and Certificate Under 37 CFR § 3.73(b) for the above-identified application.

CERTIFICATE OF MAILING
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

February 05, 2002
Date of Deposit

Carolyn Tobias

Name of Person Mailing Paper

Signature of Person Mailing Paper

- ☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
1 month	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$110.00
2 months	<input type="checkbox"/> \$200.00	<input checked="" type="checkbox"/> \$400.00
3 months	<input type="checkbox"/> \$460.00	<input type="checkbox"/> \$920.00
4 months	<input type="checkbox"/> \$720.00	<input type="checkbox"/> \$1,440.00
5 months	<input type="checkbox"/> \$980.00	<input type="checkbox"/> \$1,960.00

- ☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.
- ☒ Extension fee due with this Request \$400.00.
- ☒ If an additional extension of time is required, please consider this a petition therefor.
- ☐ A check in the amount of _____ is enclosed to cover the above fee(s).
- ☒ Charge Lyon & Lyon's Deposit Account No. **12-2475** in the amount of \$400.00.
- ☐ The Commissioner is authorized to charge Lyon & Lyon's Deposit Account No. **12-2475** for any fees required under 37 CFR §§ 1.16 and 1.17 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **12-2475**.

Respectfully submitted,

LYON & LYON LLP

Dated: 2-5-02

By: DT Burse
David T. Burse
Reg. No. 37,104

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